CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Vuori	Kristiina	

1. Office, Agency, or Court

Agency Name
CA Institute of Regenerative Medicine (CIRM)

Division, Board, Department, District, if applicable
Independent Citizen's Oversight Committee (ICOC)

Your Position
ICOC Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☒ State
- ☐ Judge (Statewide Jurisdiction)
- ☐ Multi-County _____
- ☐ County of _____
- ☐ City of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☐ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ____/____/____, through December 31, 2010.
- ☒ **Assuming Office:** Date 01 / 27 / 11
- ☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 3

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☒ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D** - *Income – Gifts* – schedule attached
- ☒ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
[redacted]	La Jolla	CA	[redacted]

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
[redacted]	[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the fore[redacted]

Date Signed 2/8/11 *(month, day, year)*

Signature [redacted]

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kristiina Vuori

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Sanford-Burnham Medical Research Institute

ADDRESS *(Business Address Acceptable)*
10901 North Torrey Pines Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

YOUR BUSINESS POSITION
President

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Markey Cancer Center

ADDRESS *(Business Address Acceptable)*
800 Rose St, CC144B

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University of Kentucky

YOUR BUSINESS POSITION
Member of External Advisory Board Meeting

GROSS INCOME RECEIVED
☒ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☒ Other Advisory Board payment *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

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Name
Kristiina Vuori

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the $420 gift limit.**

► NAME OF SOURCE
American Association for Cancer Research
ADDRESS *(Business Address Acceptable)*
615 Chestnut St, 17th Floor
CITY AND STATE
Philadelphia, PA 19106-4404
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 03/05/10 - 03/10/10 *(If applicable)* AMT: $ 1,838.18

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel Reimbursement for speaking at 2nd AACR International Conference

► NAME OF SOURCE
Markey Cancer Center
ADDRESS *(Business Address Acceptable)*
800 Rose St, CC144B
CITY AND STATE
Lexington, KY 40536-0093
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 09/21/10 - 09/22/10 *(If applicable)* AMT: $ 865.45

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel Reimbursement for attending Markey Cancer Center External Advisory Board Meeting

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): __/__/__ - __/__/__ *(If applicable)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

Comments: